Indiana Interagency Council on the Homeless
Action Plan to End Chronic Homelessness

Acronyms:

ACT	Assertive Community Treatment
CHALENG	Community Homelessness Assessment, Local Education and Networking Groups
CHIP	Coalition on Housing Intervention & Prevention
CoC	Continuum of Care
DOC	Indiana Department of Correction
DVA	U.S. Department of Veteran Affairs
DWD	Indiana Department of Workforce Development
ESG	Emergency Shelter Grant
FSSA	Family and Social Services Administration
FSSA/DFC	Family and Social Services Administration Division of Family and Children
FSSA/DMHA	Family and Social Services Administration Division of Mental Health and Addiction
FSSA/VRS	Family and Social Services Administration Vocational Rehabilitation Services
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
IAC	Indiana Interagency Council on the Homeless
ICHHI	Indiana Coalition on Housing and Homeless Issues
IDDT	Integrated Dual Disorders Treatment
IDOC	Indiana Department of Commerce
IDVA	Indiana Department of Veterans Affairs
IHFA	Indiana Housing Finance Authority
ISDH	Indiana State Department of Health
MOA	Memorandum of Agreement
PHA	Public Housing Authority
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
VAMC	Veteran Affairs Medical Center
WIBs	Local Workforce Investment Boards

Definitions:

IAC Members	DOC, DOE, FSSA, ICHHI, IDOC, IDVA, IHFA, ISDH
Local Providers	Local housing and service providers, continuum of care members, homeless providers, etc.

Mainstream Resources	These are Federal resources available to assist homeless people through non-targeted programs. These programs offer an array of resources to meet essential needs such as housing, health care, job training, and food and nutrition services. The following are examples of some of the mainstream Federal programs which, although they are not specifically targeted to homeless people, offer substantial additional resources: Medicaid, TANF, Food Stamps, SSI, Workforce Investment, Welfare-to-Work, Community Services Block Grant, Community Mental Health Services Block Grant, Social Services Block Grant, Substance Abuse Prevention and Treatment Block Grant, Veterans Health Care, State Children's Health Insurance, Community Development Block Grant, HOME Investment Partnerships Program, Housing Choice Vouchers, and Public Housing Program.

Indiana Interagency Council on the Homeless Participating Agencies:

Family and Social Services Administration
Indiana Coalition on Housing and Homeless Issues
Indiana Department of Commerce
Indiana Department of Correction
Indiana Department of Education
Indiana Department of Veterans Affairs
Indiana Department of Workforce Development
Indiana Housing Finance Authority
Indiana State Department of Health
U.S. Department of Veterans Affairs
U.S. Department of Housing and Urban Development

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Vision Statement: To end chronic homelessness in Indiana.

Mission Statement: We will end chronic homelessness by developing, promoting, and implementing a comprehensive system of care that:

- Optimizes the use of existing resources
- Creates new resources
- Improves coordination and collaboration across service, housing, and information systems

Plan Priorities:

- Enhance prevention activities and strategies
- Increase supply of supportive housing
- Enhance and coordinate support systems
- Optimize use of existing mainstream resources
- Develop a policy and planning infrastructure

Chronic Homelessness: For the purposes of this plan, we recognize the U.S. Department of Housing and Urban Development's (HUD's) definition of chronic homelessness: "An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least 4 episodes of homelessness in the past 3 years." However, in developing the plan to end chronic homelessness in Indiana, it is imperative to also include the needs of families and children experiencing repeated episodes of homelessness. Furthermore, the Chronic Homeless Policy Task Force of the Indiana Interagency Council on the Homeless recommends that a second plan be developed to address the non-chronic homeless population.

Background: In May 2003, a team representing the State of Indiana participated in a policy academy entitled "Improving Access to Mainstream Services for People Experiencing Chronic Homelessness." The event was a collaborative effort of U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, and U.S. Department of Veterans Affairs to assist State and local policymakers to develop an action plan intended to:

- Improve access to mainstream health and human services that are coordinated with housing for persons who are chronically homeless;
- Create and/or reinforce relationships among the Governor's office, State Legislators, key program administrators, and stakeholders from the public and private sectors;
- Provide an environment conducive to the process of strategic decision-making; and
- Assist state and local policymakers in identifying issues or areas of concern that may result in a formal request for technical assistance.

The Indiana Interagency Council on the Homeless Action Plan to End Chronic Homelessness has been developed as the result of the strategic planning process initiated during the policy academy.

Implementer(s) of each action item and CoC Regions will identify advocacy groups. CoC Regions are encouraged to further design and develop regional strategies to implement the plan and to be inclusive of all interested participants/stakeholders.

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Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
PRIORITY ONE: Enhance prevention activities and strategies					
Strategy 1.1	**Action 1.1.1**				
Ensure individuals are given the option not to be released/discharged from state and local facilities/institutions into homelessness	Initiate contact soon after admission or date of entry to connect clients (offenders, youth coming out of foster care, state hospital patients, etc) to community based organizations to assess "housing readiness" upon discharge	FSSA, DVA, DOC, Community Corrections Advisory Boards, ISDH	50% of clients who otherwise would have been homeless will have a housing plan in place prior to release	1 year	Generate a report on current practices, identify the number o clients that do not accept housing referrals and why, and recommend changes as necessary
			100% of people leaving state facilities/institutions shall have initiated contact with a community based organization and have a housing readiness assessment completed prior to release	5 years	Policies for extended case management and including affordable housing into transition plans
			100% of people leaving local facilities/institutions shall have initiated contact with a community based organization and have a housing readiness assessment completed prior to release	10 years	
Strategy 1.2	**Action 1.2.1**				
Stabilize clients' housing environments	Sustain and increase capacity of rent and mortgage payment assistance to prevent housing loss leading to chronic homelessness, payments made in conjunction with integrate case mgmt/service/treatment programs where available, such programs to be developed elsewhere as needed, link program to housing provider	IHFA, ISDH, ICHHI, FSSA, DVA, Township Trustees, Local Providers	Provide assistance to 50 additional people	1 year	Identify and secure funding sources and revenue for program, form linkages with existing rent and mortgage payment programs, network all providers into linked system, client receives initial assessment upon first request for assistance

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
		IHFA, ISDH, ICHHI, FSSA, DVA, Township Trustees, Local Providers	Linked system will enumerate all in need	5 years	
		IHFA, ISDH, ICHHI, FSSA, DVA, Township Trustees, Local Providers	No one will be chronically homeless for lack of housing payment	10 years	
	Action 1.2.2				
	Increase capacity of case managers to enroll homeless clients in SSI or increase number o eligible homeless people receiving SSI, launch application process upon initial assessment, apply for expansion of SSI upon incarceration and reactivate before discharge	SSA, ICHHI, Local Providers	Increase the number of SSI applications submitted within 1 month of client's initial assessment by 25%	1 year	(1) Improve relations between SSA & providers (2) SSA outreach to providers on eligibility, etc.
		SSA, ICHHI, Local Providers	Achieve 100% submission rate for applications submitted to SSI within 1 month of client's initial assessment	5 years	
		SSA, ICHHI, Local Providers	All eligible clients would receive SSI	10 years	
	Action 1.2.3				
	Increase willingness of landlords to rent to those who are chronically homeless and to retain as tenants someone who is chronically homeless by increasing effectiveness of housing counselors and case managers to intervene with landlord on behalf of tenant. Increase education and awareness by landlord of tenant needs	ICHHI, CHIP	Reduce by 20% per year in the first 5 years the number of chronically homeless who lose their housing due to eviction/displacement	5 years	Diversion programs, link w/ courts and sheriffs to divert clients from becoming homeless, work with landlord association, use HMIS to track last housing loss

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
		ICHHI, CHIP	By year 3, 25% of chronically homeless in need of intervention with landlords will receive necessary case managemen and/or intervention to retain their housing	3 years	
		ICHHI, CHIP	By year 5, 50% of chronically homeless in need of intervention with landlords will receive necessary case managemen and/or intervention to retain their housing	5 years	
Strategy 1.3	**Action 1.3.1**				
Increase resources for family homeless prevention	Expand one program that prevents and intervenes with the causes of chronic homelessness for families	FSSA/DFC, Local Providers, PHA's	Reduce by 10% per year, the number of families who become chronically homeless	10 years	Offices/service providers now seeing families (schools, trustees, etc.) can begin identifying families who are in danger of becoming chronically homeless and make appropriate referrals

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
PRIORITY TWO: Increase organizational capacity for supportive housing development, increase supply of supportive housing, and revenue for supportive housing units					
Strategy 2.1	**Action 2.1.1**				
Increase capacity for development of additional supportive housing units	Engage all CAP agencies, CHDOs, Area Agencies on Aging, Mental Health Centers, PHAs, and other CBOs in capacity development training statewide, training to include funding, source information, predevelopment and development activity. Identify supportive housing model programs for all populations (e.g. singles, families) and foster replication	ICHHI, IACED, IHFA, CHIP, Continuum of Care Regions	1 organization in each continuum of care region will be trained	1 year	A list of supportive housing units
	Action 2.1.2				
	Identify model supportive housing programs for all populations (e.g. singles, families, etc.) for replication throughout the state	ICHHI, IACED, IHFA, CHIP, Continuum of Care Regions	Each continuum of care region will create a plan to meet housing needs of chronic homeless	3 years	
Strategy 2.2	**Action 2.2.1**				
Increase the supply of supportive housing units	Meet the demand for supportive housing unit for chronically homeless	IHFA, Continuum of Care Regions, Local Providers	40% of those who would have been chronically homeless upon discharge will have access to supply to meet their housing needs	5 years	
			100% of the supply gap will be filled	10 years	
Strategy 2.3	**Action 2.3.1**				
Increase revenue for creating supportive housing units	Develop 3 models of revenue for supportive housing for Housing Trust Fund (HTF), recommend targeting 10% of state and local HTF revenue to develop housing for chronically homeless people	ICHHI, IACED, Local Providers	Minimum $5 million additional revenue for the HTF. Target at least $1.2 million/year to develop additional units for chronic homeless people each year	5 years	Generate a list of existing funding sources for supportive housing development
	Action 2.3.2				
	Create or identify additional sources of funding for supportive housing	ICHHI, IHFA, IACED, FSSA, Local Providers	Additional $1 million/year available to support creation of supportive housing for chronically homeless people	5 years	A list of funding sources, amounts, and eligibility guidelines
	Action 2.3.3				

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
	To the degree that it has influence, the state will prioritize Section 8 vouchers for chronically homeless people and those discharged from custodial care	FSSA, PHA, Local Providers	20% of all chronically homeless people will receive Section 8 assistance by yea 5. 100% by year 10.	10 years	Educate PHA's and NAHRO

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
PRIORITY THREE: Enhance and coordinate support systems					
(Mental Health, Substance Abuse, Employment, Case Management, Outreach, Primary Health Care)					
Strategy 3.1	**Action 3.1.1**				
Increase supply of supportive services	Train agencies working with chronically homeless people about all programs and funding opportunities that can serve this population. Enroll chronically homeless people in all benefit programs and housing opportunities available to them	IAC Members	Assure that all chronically homeless people can access all services and treatment they need to go from 'crisis' to thriving. In year 1, increase access to programs by chronically homeless people by 20%, by year 5 all chronically homeless people will have access	5 years	Generate a list of existing funding sources for support services
Strategy 3.2	**Action 3.2.1**				
Capture additional resources for funding support services fo chronically homeless people	Target chronically homeless people for services funding available through DFC, FEMA, SSI, VA and other sources. Demonstrate that the profile of chronically homeless can be served by these existing programs.	IAC Members, SSA	Increase the number of chronically homeless people served by diverse funding sources by 20% per year.	5 years	Increase supply, revenue - need more and spend what we have blended. Improve delivery via collaboration and coordination and integration. Utilize central information system, focus on th client, have a seamless delivery system
Strategy 3.3	**Action 3.3.1**				
Enhance and coordinate support services and treatment.	Encourage continuous training on the full range of services and treatment needed by chronically homeless people at the state, regional and local level.	IAC Members	Reduce the time needed for chronically homeless people to access all benefits, services and housing by 50%.	5 years	
	Action 3.3.2				
	Strengthen and support service integration between housing, education, employment and services and treatment. Use MOA's and othe tools to formalize relationships.	IAC Members	Increase by year 5 the number of chronically homeless people who remain in permanent housing by 30%	5 years	
Strategy 3.4	**Action 3.4.1**				
Strengthen outreach services in all sectors to identify chronically homeless people	Increase outreach services and their effectiveness at key locations in local communities.	IAC Members, Local Providers	In 5 years, all eligible chronically homeless people in contact with these agencies will be enrolled in all appropriate services and treatment	5 years	

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
Strategy 3.5	**Action 3.5.1**				
Support the development of education, employment and training opportunities for chronically homeless people. Include supportive employment, use of information and referral systems	Make chroniclly homeless people a priority i all education, employment, and training programs	IAC Members	By year 6, 100% of all eligible chronically homeless people can access education, employment and training opportunities	6 years	
Strategy 3.6	**Action 3.6.1**				
Reinforce the importance of stable housing as necessary component of the service continuum.	Take actions that provide treatment and services linked to housing for chronically homeless people	IAC Members	Increase the number of chronically homeless people placed in housing by 10% per year. Stabilize those housed by 50% in year 5 through continued services and treatment	5 years	
Strategy 3.7	**Action 3.7.1**				
Reduce state and local policy and regulatory barriers to serving chronically homeless people, develop and modify policies where needed to support meeting the needs of this population, including expediting the application process.	Identify and encourage the removal of barrier to housing for offenders, substance abusers and people with disabilities.	IAC Members	Increase by 10% per year those who are permanently housed and/or receiving treatment	5 years	
PRIORITY FOUR: Optimize use of existing mainstream resources					
Strategy 4.1	**Action 4.1.1**				
Link chronically homeless people to all existing mainstream resources for which they may be eligible at initial point of contact with any service, treatment or housing provider	Utilize HMIS or comparable tool to streamline ability of all entities to assess for mainstream eligibility. Train and support consistent implementation; fully support clients in accessing benefits, treatment, housing and services	IAC Members, Local Providers	All chronically homeless people will be linked to mainstream resources	3 years	
Strategy 4.2	**Action 4.2.1**				
Encourage all mainstream service, housing, and treatment providers to collaborate, coordinate and integrate assistance to chronically homeless people.	(a) Develop common standards and assesment questions including housing status and military service (b) foster better working relationships among providers, so that all providers assisting chronically homeless people communicate	IAC Members	100% of chronically homeless people, would receive referral to housing, treatment and services as needed	7 years	

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date	Output
PRIORITY FIVE: Develop a policy and planning infrastructure					
Strategy 5.1	**Action 5.1.1**				
Create accountability for plan implementation	Implement comprehensive reporting structure. Agencies and departments inform the council of progress towards plan outcomes	IAC Members and Task Force	Chronically homeless people receive housing, treatment and services because the plan is fully implemented in all sectors	on-going	Task Force will provide quarterly reports to IAC and post status reports on agency websites, IAC reports to the Governor and Lt. Governor.
Strategy 5.2	**Action 5.2.1**				
Share plan throughout the state with agencies, departments and continuum of care regions to carry out the strategies and actions called for in this plan.	Disseminate the plan and encourage the adoption of changes needed to achieve outcomes of the plan	IAC Members, Local Providers	All outcomes called for in this plan will be achieved	10 years	Unitary system of response to chronically homeless people
	Action 5.2.2				
	Publish plan on state agency websites	IAC Members	Chronically homeless people receive housing, treatment and services because the plan is fully implemented in all sectors	immediate	
Strategy 5.3	**Action 5.3.1**				
Use HMIS for chronically homeless people, to reduce duplication, streamline access, ensure consistency of service provision and generate data to carry out this plan	All providers will use HMIS	Local Providers, ICHHI	Chronically homeless people receive housing, treatment and services because the plan is fully implemented in all sectors	7 years	Data generated by year 2 assists in monitoring achievement of this plan's priorities. By year 7, annual data assists in monitoring